P05000049290

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUN 3 TORNE

Office Use Only



500404398255

2023 MAR I 7 AM II: 50
SECNIANY OF TALLAHASSET.

COVER LETTER

TO: Amendment Section Division of Corporations

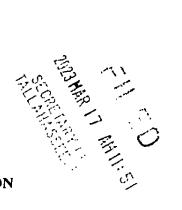
SUBJECT: ARTI	CLES OF DISSOLUTION		
DOCUMENT N	UMBER: P05000049290		
The enclosed Arti	icles of Dissolution and f	ee are submitted for filing	ļ.
Please return all co	orrespondence concerning	g this matter to the follow	ing:
CHARKES MANDE	ELL		
	(Name of	Contact Person)	
IMPLANT RESEAR	CH CORP		
	(Firm	n/Company)	
634 NE 205th TERR	ACE		
	(A	ddress)	
MIAMI FL 33179			
	(City/Sta	te and Zip Code)	
For further inform	ation concerning this ma	tter, please call:	
CHARLES MANDE	LL	_ at (954 647 8894	
(Name	of Contact Person)	(Area Code)	Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: IMPLANT RESEARCH CORP			
SECOND:	The document number of the corporation (if known): P05000049290			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)			
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	Signature:			
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	CHARLES MANDELL			
•	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35